

What Healthcare Services are Covered, and Who Pays?

	*Medicare Pays		TRICARE Pays	What You Pay
INPATIENT SERVICES (MEDICARE PART A)				
Inpatient Hospitalization (Medical-Surgical)	Days 1-60	100% (after \$792 deductible)	\$792 deductible	Nothing for Medicare covered services
	Days 61-90	All but \$198/ day	\$198/day	Nothing for Medicare covered services
	Days 91-150**	All but \$396/ day	\$396/day	Nothing for Medicare covered services
	Days 151+	Not Covered	80% if network hospital*** 75% if Non-network hospital	20% of allowable charges if care is delivered in a TRICARE network hospital *** 25% of allowable charges if care is delivered in a Non-network hospital ***
Inpatient Mental Health (Psychiatric Facility) – 190 days in a lifetime are available, but no more than 150 can be used in any benefit period. All days beyond 150 are lifetime reserve days, and new deductibles apply each time a benefit period begins.	Days 1-150	Same as inpatient hospitalization	Same as inpatient hospitalization	Nothing for Medicare covered services
	Days 151 - 190	100% (after \$792 deductible; charged each new benefit period)	\$792 deductible	Nothing for Medicare covered services
	Days 190+	Not Covered	80% if network hospital** 75% if Non-network hospital	20% of allowable charges if care delivered in a TRICARE network hospital 25% of allowable charges if care delivered in a Non-network hospital
Skilled Nursing Facility	Days 1-20	100%	Remaining Beneficiary Liability (if any)	Nothing for Medicare covered services
	Days 20-100	All but \$99/ day	\$99/day	Nothing for Medicare covered services
	Days 101+	Not Covered	75% of allowable	25% of allowable

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Hospice Care	95%	Remaining Beneficiary Liability 5%	Nothing for Medicare covered services
OUTPATIENT SERVICES (MEDICARE PART B)			
Doctors Visits (Outside MTF)	80%	20%	Nothing for Medicare covered services
Emergency Room Visit	80%	20%	Nothing for Medicare covered services
Mental Health Visit	50%	50%	Nothing for Medicare covered services
Laboratory Services	100%	Remaining Beneficiary Liability (if any)	Nothing for Medicare covered services
Radiology (X-Rays)	80%	20%	Nothing for Medicare covered services
Home Health Care	100% for approved services	Remaining Beneficiary Liability (if any)	Nothing for Medicare covered services
Durable Medical Equipment	80%	20%	Nothing for Medicare covered services
Outpatient Hospital Services	80%	20%	Nothing for Medicare covered services

**All percentages paid by Medicare are for the Medicare approved amounts.*

***Lifetime Reserve days (91-150) are sixty days that Medicare will pay for when you are in a hospital for more than 90 days. These 60 reserve days can be used only once during your lifetime.*

****A network provider is one that has a contractual agreement with TRICARE to provide care to TRICARE beneficiaries at discounted rates or cost-shares.*

What Pharmacy Services are Covered, and Who Pays?

	*Medicare Pays	TRICARE Pays	What You Pay
Prescription Drugs (Not Covered by Medicare)			
MTF Pharmacy	Not Covered	100% (up to a 90-day supply)	Nothing
National Mail Order Pharmacy	Not Covered	All but minimal co-pay for generic and brand name drugs. (up to a 90-day supply)	Co-pay for generic prescriptions is \$3 Co-pay for brand-name prescriptions is \$9
TRICARE Retail Network Pharmacy	Not Covered	All but minimal co-pay for generic and brand name drugs. (up to a 30-day supply)	Co-pay for generic prescriptions is \$3 Co-pay for brand-name prescriptions is \$9
Non-network Retail Pharmacy	Not Covered	All but minimal co-pay, cost share and applicable deductibles for generic and brand name drugs. (up to a 30-day supply)	Co-pay for all drugs is \$9 or 20% whichever is greater (in most cases full cost of prescription must be paid in advance). A yearly deductible of \$150/individual or \$300/family will apply.

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